FRANKLIN COUNTY PUBLIC SCHOOLS

Department of Maintenance

250 School Service Road • Rocky Mount, VA 24151-6614
(540) 483-5538 • FAX (540) 483-0195

December 1, 2014

Becky France
Commonwealth of Virginia
Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Road
Roanoke, VA 24019

RE: VPDES Permit Application for Callaway Elementary School (VA0088561)

Dear Ms. France:

We are requesting a testing waiver to allow:

1. E. Coli sample data collected during permit term in lieu of fecal coliform
2. Grab samples for TSS and BODs in lieu of composite samples because we do not have a composite sampler on this small system

Thank you,

Darryl K. Spencer
Supervisor of Buildings and Grounds
Franklin County Public Schools

PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2:

Newspaper Name: Roanoke Times

Agent/Department to be billed: Franklin Co Public Schools

Maintenance Department

Owner: Franklin Co. Public Schools

Applicant's Address: 250 School Service Rd

Rocky Mount, VA 24151

Agent's Telephone No: 540-483-5538

Authorizing Agent: _____
Signature

Darryl K. Spencer
Superintendent of Building &Grounds

Facility Name: Callaway Elementary School STP
Permit No. VA0088561

Please return to:

Becky L. France
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, VA 24019
Fax No. (540) 562-6725

Callaway Elementary School WWTP VA0088561

VPDES PERMIT APPLICATION ADDENDUM - SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: **Franklin County Public Schools**
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Classify the discharge as one of the following by checking the appropriate line:

__x__ a. Existing discharge

____ b. Proposed discharge

____ c. Proposed expansion of an existing discharge

3. Year the current wastewater treatment facility began operation: __**2009**____

4. Provide NAICS Code (Industrial Only) _____

B. Location

1. Is this facility located within city or town boundaries? **N**

2. (New Issuances & Modifications Only) What is the tax map parcel number for the land where this facility is located? _____**n/a**_____

3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? _____**0**_____

4. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:

a. Treatment Plant
b. Discharge point
c. Receiving waters
d. Boundaries of the property on which the treatment plant is located, or to be located.
e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
   i. Residence
   ii. Distribution line for potable water supply
   iii. Reservoir, well, or other source of water supply
   iv. Recreational area
f. Distance from the discharge point to the nearest:
   (Indicate "not applicable" for any distance greater than 15 miles)
   i. Downstream community
   ii. Upstream and downstream water intake points
   iii. Shellfishing waters
   iv. Wetlands area
   v. Downstream impoundment
   vi. Downstream recreational area

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, attach to this application, a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

- **Wastewater flows from school cafeteria thru grease trap then to septic/settling tank 1**
- **Wastewater flows from school to septic/settling tank 2**
- **Both 1 & 2 septic/settling tanks flow into pump tank station**
- **Pump station flows to siphon tank**
- **Then to splitter box and into sand filter 1, 2, or 3**
- **From sand filter to tablet fed chlorinator**
- **Then chlorine contact tank**
- **Then tablet fed de-chlorinator**
- **Then to receiving stream**

2. What is the design average flow of this facility? _____**0.0019 MGD**
Industrial facilities: What is the max. 30-day avg. production level (include units)? _____

3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? **N**

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater: **Elementary School with Cafeteria**

____% of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities: **ZERO**
_**x**_ 0 __ 1-49 __ 50 or more

____% of flow from non-domestic connections/sources

5. Mode of discharge: __Continuous _x_Intermittent __Seasonal

Describe frequency and duration of intermittent or seasonal discharges: **Intermittent due to no school on weekends, and no school in summer. Normally Monday thru Friday**

6. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

_**x**_ Permanent stream, never dry
__ Intermittent stream, usually flowing, sometimes dry
__ Ephemeral stream, wet-weather flow, often dry
__ Effluent-dependent stream, usually or always dry
__ Lake or pond at or below the discharge point
__ Other:_____

E. Anticipated Phasing Schedule for Plant Capacity - Proposed / Expanding Discharges **N/A**

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: _____ MGD

Anticipated Date of Construction Completion: _____
Month Year

Years after Completion	Projected Flow (MGD)
0	
5	
10	
15	
20	
25	
30	

F. Interim Facilities

Are the wastewater treatment facilities interim? (designed for a useful life of less than 5 years)
_____ Yes___x___ No

If so, provide the estimated date to be discontinued (month, year) _____ , and the name and location of the intended replacement facility.

Name / Location

G. Privately Owned Treatment Works

If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth AND verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

H. Consent to Receive Electronic Mail

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

X Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

Email Address: **darryl.spencer@frco.k12.va.us**

☐ Applicant or permittee declines to receive by electronic mail the permit associated with the permit that may be issued for the proposed pollutant management activity.

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Satellite Sewer System Owner Listing Form

OWNER INFORMATION

Owner Name: **Franklin Co. Public Schools**

Address: **250 School Service Road**

City, State, Zip **Rocky Mount, VA 24151**

Phone **540-483-5538**

email **darryl.spencer@frco.k12.va.us**

EMERGENCY INFORMATION (if different from above)

Name _____

Company _____

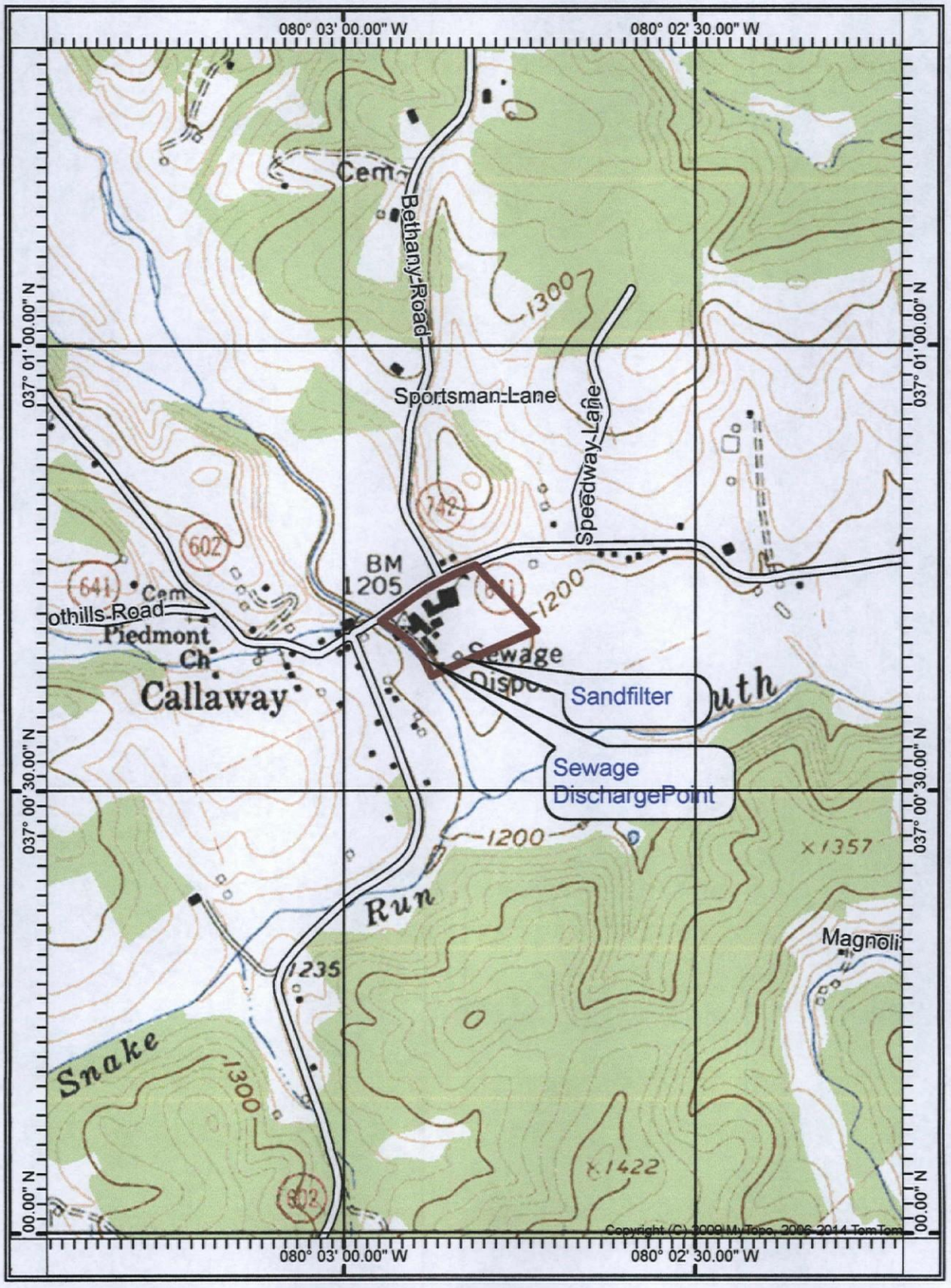
Phone, Cell, Pager _____

SYSTEM DESCRIPTION

System name **Callaway Elementary School WWTP**

System Description (e.g. pump station, pretreatment, location, type of facilities served (apartments, neighborhood, industrial facility, town, sewer district.

Elementary School with cafeteria
Grease trap
2 septic/settling tanks
Pump station
Siphon tank
3 Sand filters
Disinfection (chlorine, chlorine contact tank, de-chlorination)

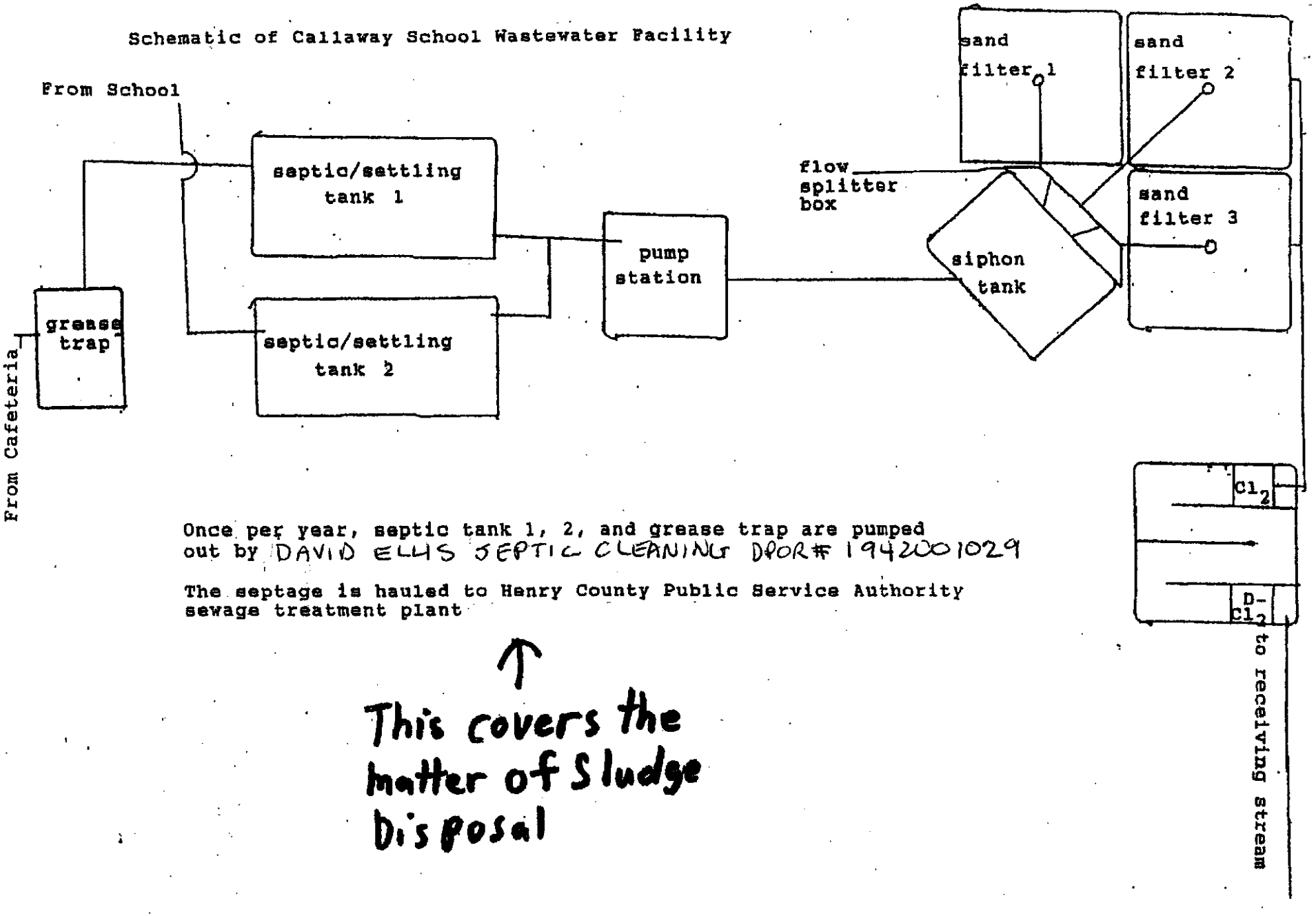


SCALE 1:12000

0 1000 2000 3000

FEET

Schematic of Callaway School Wastewater Facility



Once per year, septic tank 1, 2, and grease trap are pumped out by DAVID ELLIS SEPTIC CLEANING DNR# 1942001029

The septage is hauled to Henry County Public Service Authority sewage treatment plant

↑

This covers the matter of Sludge Disposal

FACILITY NAME AND PERMIT NUMBER:
Callaway Elementary School WWTP VA0088561

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Callaway Elementary School WWTP

Mailing Address: 250 School Service Road
Rocky Mount, VA 24151

Contact person: Darryl Spencer

Title: Superintendent of Buildings and Grounds

Telephone number: (540) 483-5538

Facility Address (not P.O. Box): 8451 Callaway Road
Callaway, VA 24067

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Franklin County Public Schools

Mailing Address: 250 School Service Road
Rocky Mount, VA 24151

Contact person: Darryl Spencer

Title: Superintendent of Buildings and Grounds

Telephone number: (540) 483-5538

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner _____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0088561 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Callaway Elementary Scho	325	separate	municipal

Total population served 325

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .0019 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	.0010	.0010	.0010	mgd
c. Maximum daily flow rate	.0010	.0010	.0010	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 100%
ii. Discharges of untreated or partially treated effluent _____
iii. Combined sewer overflow points _____
iv. Constructed emergency overflows (prior to the headworks) _____
v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ✓ Yes _____ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

tank truck

If transport is by a party other than the applicant, provide:

Transporter name: David Ellis Septic Tank Cleaning (dpor#1942001029)

Mailing Address: 5048 Old Forge Road
Rocky Mount, VA 24151

Contact person: David Ellis

Title: Owner

Telephone number: (540) 493-2019

For each treatment works that receives this discharge, provide the following:

Name: Henry Co. Public Service Authority

Mailing Address: P.O. Box 69
Collinsville, VA 24078

Contact person: David Pilson

Title: Industrial Pre-Treatment Coordinator

Telephone number: (276) 638-5137

If known, provide the NPDES permit number of the treatment works that receives this discharge. VA0025305

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location n 37o00'39", E80o02'53"
(City or town, if applicable) (Zip Code)
Blackwater River, South Fork (River Mile 2.35)
(County) (State)
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate _____ mgd

f. Does this outfall have either an intermittent or a periodic discharge? ✓ Yes _____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: approximately 200days

Average duration of each discharge: 30min 2 times per day

Average flow per discharge: .0005 mgd

Months in which discharge occurs: Jan-Jun and Aug-Dec

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water Blackwater River South Fork

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Roanoke River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
Callaway Elementary School WWTP VA0088561

Form Approved 1/14/99
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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary ✓ Secondary

_____ Advanced ✓ Other. Describe: Sand Filter, Chlorination and DeChlorination

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal 90 %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? ✓ Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes ✓ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.8	s.u.			
pH (Maximum)	7.3	s.u.			
Flow Rate	.0010	MGD			48
Temperature (Winter)	9	C			1
Temperature (Summer)	20	C			1

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	73.2	MG/L	10.2	MG/L	48	SM 5210B	2.0 MDL
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		9	MPN/100M	2.4	N/CML	48	SM 9223 B.2a	MPN E.Coli
TOTAL SUSPENDED SOLIDS (TSS)		12	MG/L	4.0	MG/L	48	SM 2540D	1.0 MDL

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ____No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Darryl Spencer, Superintendent of Buildings and Grounds

Signature: D S Spencer

Telephone number: (540) 483-5538

Date signed: December 1, 2014

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
Callaway Elementary School WWTP VA0088561

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:
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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number:_____ Test number:_____ Test number:_____

a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes____No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location

_____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (___ actual or ___ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

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Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
003	BOD5	10-Nov-10	26	26	NULL	6.8	6.8
003	BOD5	10-Dec-10	31.4	31.4	NULL	8.3	8.3
003	BOD5	10-Jan-11	97.3	97.3	NULL	25.7	25.7
003	BOD5	10-Feb-11	18.4	18.4	NULL	9.7	9.7
003	BOD5	10-Mar-11	36.7	36.7	NULL	9.7	9.7
003	BOD5	10-Apr-11	70	70	NULL	18.6	18.6
003	BOD5	10-May-11	94.6	94.6	NULL	25	25
003	BOD5	10-Jun-11	40.9	40.9	NULL	10.8	10.8
003	BOD5	10-Jul-11	14	14	NULL	3.6	3.6
003	BOD5	10-Aug-11	<QL	<QL	NULL	<QL	<QL
003	BOD5	10-Sep-11	<QL	<QL	NULL	<QL	<QL
003	BOD5	10-Oct-11	280	280	NULL	73.2	73.2
003	BOD5	10-Nov-11	20	20	NULL	5.2	5.2
003	BOD5	10-Dec-11	<QL	<QL	NULL	<QL	<QL
003	BOD5	10-Jan-12	0.01	0.01	NULL	3	3
003	BOD5	10-Feb-12	18.9	18.9	NULL	5.4	5.4
003	BOD5	10-Mar-12	52.99	52.99	NULL	14	14
003	BOD5	10-Apr-12	11	11	NULL	2.8	2.8
003	BOD5	10-May-12	29.1	29.1	NULL	7.7	7.7
003	BOD5	10-Jun-12	7.57	7.57	NULL	2	2
003	BOD5	10-Jul-12	37	37	NULL	9.8	9.8
003	BOD5	10-Aug-12	11.4	11.4	NULL	6	6
003	BOD5	10-Sep-12	13	13	NULL	3.4	3.4
003	BOD5	10-Oct-12	38.6	38.6	NULL	10.2	10.2
003	BOD5	10-Nov-12	93	93	NULL	24.5	24.5
003	BOD5	10-Dec-12	88	88	NULL	23.3	23.3
003	BOD5	10-Jan-13	19.7	19.7	NULL	5.2	5.2
003	BOD5	10-Feb-13	61.3	61.3	NULL	16.2	16.2
003	BOD5	10-Mar-13	80.2	80.2	NULL	21.2	21.2
003	BOD5	10-Apr-13	28.8	28.8	NULL	7.6	7.6
003	BOD5	10-May-13	30.3	30.3	NULL	8	8
003	BOD5	10-Jun-13	26	26	NULL	6.9	6.9
003	BOD5	10-Jul-13	11	11	NULL	2.9	2.9
003	BOD5	10-Aug-13	NULL	NULL	NULL	NULL	NULL
003	BOD5	10-Sep-13	38	38	NULL	10	10
003	BOD5	10-Oct-13	50	50	NULL	13.3	13.3
003	BOD5	10-Nov-13	61	61	NULL	16.1	16.1
003	BOD5	10-Dec-13	61	61	NULL	16	16
003	BOD5	10-Jan-14	<QL	<QL	NULL	<QL	<QL
003	BOD5	10-Feb-14	30	30	NULL	8	8
003	BOD5	10-Mar-14	34	34	NULL	9	9
003	BOD5	10-Apr-14	42	42	NULL	11	11
003	BOD5	10-May-14	19	19	NULL	5	5
003	BOD5	10-Jun-14	38	38	NULL	10	10
003	BOD5	10-Jul-14	NULL	NULL	NULL	NULL	NULL
003	BOD5	10-Aug-14	NULL	NULL	NULL	NULL	NULL
003	BOD5	10-Sep-14	30	30	NULL	8	8
003	BOD5	10-Oct-14	30	30	NULL	8	8
213	CL2, INST TECH MIN LIMIT	10-Nov-10	NULL	NULL	1.2	NULL	NULL

1820.17 ÷ 48 = 37.92

AVG conc 10.2 ← 491.1 ÷ 48

MAX conc - 73.2

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Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
213	CL2, INST TECH MIN LIMIT	10-Dec-10	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jan-11	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Feb-11	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Mar-11	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Apr-11	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-May-11	NULL	NULL	1.2	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jun-11	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jul-11	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Aug-11	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Sep-11	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Oct-11	NULL	NULL	1.2	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Nov-11	NULL	NULL	1.6	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Dec-11	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jan-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Feb-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Mar-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Apr-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-May-12	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jun-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jul-12	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Aug-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Sep-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Oct-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Nov-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Dec-12	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jan-13	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Feb-13	NULL	NULL	1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Mar-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Apr-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-May-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jun-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jul-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Aug-13	NULL	NULL	NULL	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Sep-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Oct-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Nov-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Dec-13	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jan-14	NULL	NULL	1.2	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Feb-14	NULL	NULL	1.2	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Mar-14	NULL	NULL	1.2	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Apr-14	NULL	NULL	1.2	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-May-14	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jun-14	NULL	NULL	1.1	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Jul-14	NULL	NULL	NULL	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Aug-14	NULL	NULL	NULL	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Sep-14	NULL	NULL	1.2	NULL	NULL
213	CL2, INST TECH MIN LIMIT	10-Oct-14	NULL	NULL	1.1	NULL	NULL
005	CL2, TOTAL	10-Nov-10	NULL	NULL	1.2	NULL	NULL
005	CL2, TOTAL	10-Dec-10	NULL	NULL	NULL	1.5	<QL

Callaway Elementary School WWTP
VA0088561 (Outfall 001)

Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
005	CL2, TOTAL	10-Jan-11	NULL	NULL	NULL	1.6	<QL
005	CL2, TOTAL	10-Feb-11	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Mar-11	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Apr-11	NULL	NULL	NULL	1.6	<QL
005	CL2, TOTAL	10-May-11	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Jun-11	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Jul-11	NULL	NULL	NULL	1.6	<QL
005	CL2, TOTAL	10-Aug-11	NULL	NULL	NULL	1.4	<QL
005	CL2, TOTAL	10-Sep-11	NULL	NULL	NULL	1.5	<QL
005	CL2, TOTAL	10-Oct-11	NULL	NULL	NULL	1.6	<QL
005	CL2, TOTAL	10-Nov-11	NULL	NULL	NULL	1.6	<QL
005	CL2, TOTAL	10-Dec-11	NULL	NULL	NULL	1.5	<QL
005	CL2, TOTAL	10-Jan-12	NULL	NULL	NULL	1.6	<QL
005	CL2, TOTAL	10-Feb-12	NULL	NULL	NULL	1.5	<QL
005	CL2, TOTAL	10-Mar-12	NULL	NULL	NULL	1.5	<QL
005	CL2, TOTAL	10-Apr-12	NULL	NULL	NULL	1.5	<QL
005	CL2, TOTAL	10-May-12	NULL	NULL	NULL	1.5	<QL
005	CL2, TOTAL	10-Jun-12	NULL	NULL	NULL	1.4	<QL
005	CL2, TOTAL	10-Jul-12	NULL	NULL	NULL	1.4	<QL
005	CL2, TOTAL	10-Aug-12	NULL	NULL	NULL	1.1	<QL
005	CL2, TOTAL	10-Sep-12	NULL	NULL	NULL	1.4	<QL
005	CL2, TOTAL	10-Oct-12	NULL	NULL	NULL	1.9	<QL
005	CL2, TOTAL	10-Nov-12	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Dec-12	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Jan-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Feb-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Mar-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Apr-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-May-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Jun-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Jul-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Aug-13	NULL	NULL	NULL	NULL	NULL
005	CL2, TOTAL	10-Sep-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Oct-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Nov-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Dec-13	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Jan-14	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Feb-14	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Mar-14	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Apr-14	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-May-14	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Jun-14	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Jul-14	NULL	NULL	NULL	NULL	NULL
005	CL2, TOTAL	10-Aug-14	NULL	NULL	NULL	NULL	NULL
005	CL2, TOTAL	10-Sep-14	NULL	NULL	NULL	<QL	<QL
005	CL2, TOTAL	10-Oct-14	NULL	NULL	NULL	<QL	<QL
157	CL2, TOTAL CONTACT	10-Dec-10	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jan-11	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Feb-11	NULL	NULL	1.1	NULL	NULL

Callaway Elementary School WWTP
VA0088561 (Outfall 001)

Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
157	CL2, TOTAL CONTACT	10-Mar-11	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Apr-11	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-May-11	NULL	NULL	1.2	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jun-11	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jul-11	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Aug-11	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Sep-11	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Oct-11	NULL	NULL	1.2	NULL	NULL
157	CL2, TOTAL CONTACT	10-Nov-11	NULL	NULL	1.6	NULL	NULL
157	CL2, TOTAL CONTACT	10-Dec-11	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jan-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Feb-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Mar-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Apr-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-May-12	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jun-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jul-12	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Aug-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Sep-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Oct-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Nov-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Dec-12	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jan-13	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Feb-13	NULL	NULL	1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Mar-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Apr-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-May-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jun-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jul-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Aug-13	NULL	NULL	NULL	NULL	NULL
157	CL2, TOTAL CONTACT	10-Sep-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Oct-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Nov-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Dec-13	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jan-14	NULL	NULL	1.2	NULL	NULL
157	CL2, TOTAL CONTACT	10-Feb-14	NULL	NULL	1.2	NULL	NULL
157	CL2, TOTAL CONTACT	10-Mar-14	NULL	NULL	1.2	NULL	NULL
157	CL2, TOTAL CONTACT	10-Apr-14	NULL	NULL	1.2	NULL	NULL
157	CL2, TOTAL CONTACT	10-May-14	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jun-14	NULL	NULL	1.1	NULL	NULL
157	CL2, TOTAL CONTACT	10-Jul-14	NULL	NULL	NULL	NULL	NULL
157	CL2, TOTAL CONTACT	10-Aug-14	NULL	NULL	NULL	NULL	NULL
157	CL2, TOTAL CONTACT	10-Sep-14	NULL	NULL	1.2	NULL	NULL
157	CL2, TOTAL CONTACT	10-Oct-14	NULL	NULL	1.1	NULL	NULL
120	E.COLI	10-Nov-10	NULL	NULL	NULL	5.1	NULL
120	E.COLI	10-Dec-10	NULL	NULL	NULL	3.4	NULL
120	E.COLI	10-Jan-11	NULL	NULL	NULL	7.9	NULL
120	E.COLI	10-Feb-11	NULL	NULL	NULL	6.32	NULL
120	E.COLI	10-Mar-11	NULL	NULL	NULL	6.3	NULL

Callaway Elementary School WWTP
VA0088561 (Outfall 001)

Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
120	E.COLI	10-Apr-11	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-May-11	NULL	NULL	NULL	<1.0	NULL
120	E.COLI	10-Jun-11	NULL	NULL	NULL	5.5	NULL
120	E.COLI	10-Jul-11	NULL	NULL	NULL	1	NULL
120	E.COLI	10-Aug-11	NULL	NULL	NULL	5.4	NULL
120	E.COLI	10-Sep-11	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Oct-11	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Nov-11	NULL	NULL	NULL	>2.0	NULL
120	E.COLI	10-Dec-11	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Jan-12	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Feb-12	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Mar-12	NULL	NULL	NULL	1.4	NULL
120	E.COLI	10-Apr-12	NULL	NULL	NULL	2.3	NULL
120	E.COLI	10-May-12	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Jun-12	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Jul-12	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Aug-12	NULL	NULL	NULL	7	NULL
120	E.COLI	10-Sep-12	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Oct-12	NULL	NULL	NULL	<2.0	NULL
120	E.COLI	10-Nov-12	NULL	NULL	NULL	9	NULL
120	E.COLI	10-Dec-12	NULL	NULL	NULL	8	NULL
120	E.COLI	10-Jan-13	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Feb-13	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Mar-13	NULL	NULL	NULL	1	NULL
120	E.COLI	10-Apr-13	NULL	NULL	NULL	1	NULL
120	E.COLI	10-May-13	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Jun-13	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Jul-13	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Aug-13	NULL	NULL	NULL	NULL	NULL
120	E.COLI	10-Sep-13	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Oct-13	NULL	NULL	NULL	1	NULL
120	E.COLI	10-Nov-13	NULL	NULL	NULL	1	NULL
120	E.COLI	10-Dec-13	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Jan-14	NULL	NULL	NULL	2	NULL
120	E.COLI	10-Feb-14	NULL	NULL	NULL	6	NULL
120	E.COLI	10-Mar-14	NULL	NULL	NULL	3	NULL
120	E.COLI	10-Apr-14	NULL	NULL	NULL	2	NULL
120	E.COLI	10-May-14	NULL	NULL	NULL	1	NULL
120	E.COLI	10-Jun-14	NULL	NULL	NULL	1	NULL
120	E.COLI	10-Jul-14	NULL	NULL	NULL	NULL	NULL
120	E.COLI	10-Aug-14	NULL	NULL	NULL	NULL	NULL
120	E.COLI	10-Sep-14	NULL	NULL	NULL	1	NULL
120	E.COLI	10-Oct-14	NULL	NULL	NULL	1	NULL
001	FLOW	10-Nov-10	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Dec-10	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jan-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Feb-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Mar-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Apr-11	0.001	0.001	NULL	NULL	NULL

less than 2 counts as 1

9 max

total 117.62 : 48 = 2.4

Callaway Elementary School WWTP
VA0088561 (Outfall 001)

Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
001	FLOW	10-May-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jun-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jul-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Aug-11	0.009	0.001	NULL	NULL	NULL
001	FLOW	10-Sep-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Oct-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Nov-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Dec-11	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jan-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Feb-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Mar-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Apr-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-May-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jun-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jul-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Aug-12	0.0005	0.0005	NULL	NULL	NULL
001	FLOW	10-Sep-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Oct-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Nov-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Dec-12	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jan-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Feb-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Mar-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Apr-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-May-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jun-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jul-13	0.0008	0.001	NULL	NULL	NULL
001	FLOW	10-Aug-13	NULL	NULL	NULL	NULL	NULL
001	FLOW	10-Sep-13	0.0009	0.001	NULL	NULL	NULL
001	FLOW	10-Oct-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Nov-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Dec-13	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jan-14	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Feb-14	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Mar-14	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Apr-14	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-May-14	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jun-14	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Jul-14	NULL	NULL	NULL	NULL	NULL
001	FLOW	10-Aug-14	NULL	NULL	NULL	NULL	NULL
001	FLOW	10-Sep-14	0.001	0.001	NULL	NULL	NULL
001	FLOW	10-Oct-14	0.001	0.001	NULL	NULL	NULL
500	OIL & GREASE	10-Nov-10	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Dec-10	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jan-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Feb-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Mar-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Apr-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-May-11	NULL	NULL	NULL	<QL	<QL

Callaway Elementary School WWTP
VA0088561 (Outfall 001)

Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
500	OIL & GREASE	10-Jun-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jul-11	NULL	NULL	NULL	0	0
500	OIL & GREASE	10-Aug-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Sep-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Oct-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Nov-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Dec-11	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jan-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Feb-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Mar-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Apr-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-May-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jun-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jul-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Aug-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Sep-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Oct-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Nov-12	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Dec-12	NULL	NULL	NULL	16.8	16.8
500	OIL & GREASE	10-Jan-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Feb-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Mar-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Apr-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-May-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jun-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jul-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Aug-13	NULL	NULL	NULL	NULL	NULL
500	OIL & GREASE	10-Sep-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Oct-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Nov-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Dec-13	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jan-14	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Feb-14	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Mar-14	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Apr-14	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-May-14	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jun-14	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Jul-14	NULL	NULL	NULL	NULL	NULL
500	OIL & GREASE	10-Aug-14	NULL	NULL	NULL	NULL	NULL
500	OIL & GREASE	10-Sep-14	NULL	NULL	NULL	<QL	<QL
500	OIL & GREASE	10-Oct-14	NULL	NULL	NULL	<QL	<QL
002	pH	10-Nov-10	NULL	NULL	6.9	NULL	7.2
002	pH	10-Dec-10	NULL	NULL	6.9	NULL	7.2
002	pH	10-Jan-11	NULL	NULL	6.9	NULL	7.1
002	pH	10-Feb-11	NULL	NULL	6.9	NULL	7.1
002	pH	10-Mar-11	NULL	NULL	6.9	NULL	7.1
002	pH	10-Apr-11	NULL	NULL	6.9	NULL	7.1
002	pH	10-May-11	NULL	NULL	6.9	NULL	7.1
002	pH	10-Jun-11	NULL	NULL	6.9	NULL	7.3

Callaway Elementary School WWTP
VA0088561 (Outfall 001)

Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
002	pH	10-Jul-11	NULL	NULL	7	NULL	7.1
002	pH	10-Aug-11	NULL	NULL	7	NULL	7
002	pH	10-Sep-11	NULL	NULL	7	NULL	7.1
002	pH	10-Oct-11	NULL	NULL	7	NULL	7.1
002	pH	10-Nov-11	NULL	NULL	7	NULL	7.1
002	pH	10-Dec-11	NULL	NULL	7	NULL	7.1
002	pH	10-Jan-12	NULL	NULL	7	NULL	7.1
002	pH	10-Feb-12	NULL	NULL	7	NULL	7.1
002	pH	10-Mar-12	NULL	NULL	7	NULL	7.1
002	pH	10-Apr-12	NULL	NULL	7	NULL	7.1
002	pH	10-May-12	NULL	NULL	6.8	NULL	7.1
002	pH	10-Jun-12	NULL	NULL	7	NULL	7
002	pH	10-Jul-12	NULL	NULL	7	NULL	7
002	pH	10-Aug-12	NULL	NULL	7	NULL	7
002	pH	10-Sep-12	NULL	NULL	7	NULL	7
002	pH	10-Oct-12	NULL	NULL	7	NULL	7.3
002	pH	10-Nov-12	NULL	NULL	7	NULL	7.3
002	pH	10-Dec-12	NULL	NULL	7	NULL	7.3
002	pH	10-Jan-13	NULL	NULL	7	NULL	7.2
002	pH	10-Feb-13	NULL	NULL	7	NULL	7.2
002	pH	10-Mar-13	NULL	NULL	7	NULL	7.2
002	pH	10-Apr-13	NULL	NULL	7	NULL	7.2
002	pH	10-May-13	NULL	NULL	7	NULL	7.2
002	pH	10-Jun-13	NULL	NULL	7	NULL	7.2
002	pH	10-Jul-13	NULL	NULL	7	NULL	7.2
002	pH	10-Aug-13	NULL	NULL	NULL	NULL	NULL
002	pH	10-Sep-13	NULL	NULL	7	NULL	7.1
002	pH	10-Oct-13	NULL	NULL	7	NULL	7.1
002	pH	10-Nov-13	NULL	NULL	7	NULL	7.1
002	pH	10-Dec-13	NULL	NULL	7	NULL	7.1
002	pH	10-Jan-14	NULL	NULL	7	NULL	7
002	pH	10-Feb-14	NULL	NULL	7	NULL	7
002	pH	10-Mar-14	NULL	NULL	7	NULL	7.1
002	pH	10-Apr-14	NULL	NULL	7	NULL	7.1
002	pH	10-May-14	NULL	NULL	7	NULL	7.1
002	pH	10-Jun-14	NULL	NULL	7	NULL	7.1
002	pH	10-Jul-14	NULL	NULL	NULL	NULL	NULL
002	pH	10-Aug-14	NULL	NULL	NULL	NULL	NULL
002	pH	10-Sep-14	NULL	NULL	7	NULL	7.1
002	pH	10-Oct-14	NULL	NULL	7	NULL	7.2
004	TSS	10-Nov-10	12	12	NULL	3.2	3.2
004	TSS	10-Dec-10	12.9	12.9	NULL	3.4	3.4
004	TSS	10-Jan-11	44.3	44.3	NULL	11.7	11.7
004	TSS	10-Feb-11	9.8	9.8	NULL	9.7	9.7
004	TSS	10-Mar-11	12.9	12.9	NULL	3.4	3.4
004	TSS	10-Apr-11	<QL	<QL	NULL	<QL	<QL
004	TSS	10-May-11	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Jun-11	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Jul-11	11	11	NULL	3	3

Callaway Elementary School WWTP
VA0088561 (Outfall 001)

Parameter Code	Parameter Description	Due Date	Quantity Average	Quantity Maximum	Concentration Minimum	Concentration Average	Concentration Maximum
004	TSS	10-Aug-11	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Sep-11	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Oct-11	40	40	NULL	10	10
004	TSS	10-Nov-11	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Dec-11	4	4	NULL	1	1
004	TSS	10-Jan-12	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Feb-12	11.4	11.4	NULL	2.5	2.5
004	TSS	10-Mar-12	41.64	41.64	NULL	11	11
004	TSS	10-Apr-12	6	6	NULL	1.5	1.5
004	TSS	10-May-12	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Jun-12	7.57	7.57	NULL	2	2
004	TSS	10-Jul-12	19	19	NULL	5	5
004	TSS	10-Aug-12	6.6	6.6	NULL	3.5	3.5
004	TSS	10-Sep-12	32	32	NULL	8.5	8.5
004	TSS	10-Oct-12	24.2	24.2	NULL	6.4	6.4
004	TSS	10-Nov-12	27	27	NULL	7.1	7.1
004	TSS	10-Dec-12	17	17	NULL	4.5	4.5
004	TSS	10-Jan-13	6.4	6.4	NULL	1.7	1.7
004	TSS	10-Feb-13	14	14	NULL	3.7	3.7
004	TSS	10-Mar-13	21.2	21.2	NULL	5.6	5.6
004	TSS	10-Apr-13	25.7	25.7	NULL	6.8	6.8
004	TSS	10-May-13	7.2	7.2	NULL	1.9	1.9
004	TSS	10-Jun-13	8	8	NULL	2.1	2.1
004	TSS	10-Jul-13	8	8	NULL	2.1	2.1
004	TSS	10-Aug-13	NULL	NULL	NULL	NULL	NULL
004	TSS	10-Sep-13	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Oct-13	22	22	NULL	5.7	5.7
004	TSS	10-Nov-13	34	3	NULL	9.1	9.1
004	TSS	10-Dec-13	19	19	NULL	5	5
004	TSS	10-Jan-14	<QL	<QL	NULL	<QL	<QL
004	TSS	10-Feb-14	34	34	NULL	9	9
004	TSS	10-Mar-14	34	34	NULL	9	9
004	TSS	10-Apr-14	23	23	NULL	6	6
004	TSS	10-May-14	34	34	NULL	9	9
004	TSS	10-Jun-14	45	45	NULL	12	12
004	TSS	10-Jul-14	NULL	NULL	NULL	NULL	NULL
004	TSS	10-Aug-14	NULL	NULL	NULL	NULL	NULL
004	TSS	10-Sep-14	15	15	NULL	4	4
004	TSS	10-Oct-14	11	11	NULL	3	3

700.8 ÷ 48 = 14.6

max quantity

AVG CONC = 4.02
193.1 ÷ 48

max conc

concentration